

**CONSUMER PROTECTION DIVISION**

140 WEST FLAGLER STREET

SUITE 902

MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222



Fax: (305) 375-3512

E-mail: [consumer@miamidade.gov](mailto:consumer@miamidade.gov)**VEHICLE IMMOBILIZATION INDIVIDUAL PERMIT APPLICATION**

By Authority of Article III of Chapter 30 of the Code of Miami-Dade County

Please type or Print

(Check One)

Initial Application ( )

Renewal Application ( )

Permit # \_\_\_\_\_

1. Last Name

First Name

M.I.

2. Date of Birth:

Social Security Number:

3. Residential Address: \_\_\_\_\_

4. Telephone Number

Beeper/Cellular

City

State

Zip Code

5. **Criminal Background** – State the name, offense and disposition(s) of any applicant, officer, director or partner of the applicant, stockholder owning, holding, controlling or having a beneficial interest in five (5) percent or more of issued and outstanding stock in the corporation or beneficial interest therein, who has any outstanding arrest warrants or who has been convicted of one or more of the following felonies within the preceding five (5) years or three (3) misdemeanors within the thirty-six (36) month period preceding the date of the application: Criminal Homicide; Kidnapping; a sexual offense; Robbery; Burglary; Arson; Fraud; Theft if the offense was committed against a person with whom the applicant came in contact with while engaged in the services regulated by this section; public indecency; possession of a weapon; and a violation of any laws regarding controlled substances.

Name

Offense/Warrants

Disposition

(Please attach a court certified copy of the dispositions and additional sheets if necessary)

**Note: If you are the owner of an immobilization business and have already submitted photographs and fingerprints in connection with obtaining your business application, you do not have to re-submit fingerprints and photographs for yourself.**

6. Provide a set of fingerprints and two (2) passport sized photographs taken by the Miami-Dade Police Department and Attach hereto.

**CONSUMER SERVICES DEPARTMENT**

140 W. FLAGLER STREET SUITE 902 MIAMI, FLORIDA 33130-1561 TEL (305) 375-4222 FAX (305) 375-3512

[www.miamidade.gov](http://www.miamidade.gov)

7. Fees: \$65.00 \*\* Please note that fees are subject to change based on the Consumer Price Index; Effective October 1<sup>st</sup> of every year.

8. List the name(s), address, telephone number(s), and registration number(s) of the vehicle immobilization business that you operate or are currently employed by. (Attach additional sheets if necessary)

Business Name	Registration Number	Telephone
Address	City	State
		Zip Code

The following questions are optional and will be used for statistical purposes ONLY.

9. Race – (Check appropriate answer)

- ☐ While (Non-Hispanic) ☐ Hispanic  
☐ Black ☐ Other (Describe) \_\_\_\_\_

10. National Origin – (Check appropriate answer)

- ☐ U.S.A ☐ Colombian ☐ Nicaraguan ☐ Other (Describe) \_\_\_\_\_  
☐ Cuban ☐ Hatian ☐ Puerto Rican

11. Primary Language Spoken – (Check appropriate answer)

- ☐ English ☐ Creole  
☐ Spanish ☐ French ☐ Other (Describe) \_\_\_\_\_

12. Gender

- ☐ Male ☐ Female

13. Applicant Signature:

I, \_\_\_\_\_, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true. I declare that I will abide by the provisions of the aforementioned article.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It is your obligation to notify the Consumer Services Department of any material change pertaining to the information in this application. If your application is incomplete, it will be denied a filing date and returned to you unprocessed. Make checks payable to "Board of County Commissioners."

Mail Completed application and, if applicable, the \$65.00 fee to:

Miami-Dade County  
Consumer Services Department  
Consumer Protection Division  
140 West Flagler Street, Suite 902  
Miami, Florida 33130

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